



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 060000001

CITY OR TOWN LEICESTER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AM. LEGION CHERRY VALLEY POST #443 INC.

DOING BUSINESS AS

ADDRESS 167 MAIN ST.

CITY/TOWN: LEICESTER

STATE: MA

ZIP CODE: 01611

MANAGER: SWETT, BRUCE W. TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FLOORS; TWO BARS, ONE DINING ROOM, ONE ROOM FOR STORAGE. EXT OF PREMISES  
CONTAINING BOCCE COURT, HORSE SHOE PIT AND BARBEQUE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

\_\_\_\_\_

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 060000004

CITY OR TOWN LEICESTER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CASTLE RESTAURANT & DAIRY BAR, INC.

DOING BUSINESS AS CASTLE RESTAURANT

ADDRESS 1230 MAIN ST.

CITY/TOWN: LEICESTER

STATE: MA

ZIP CODE: 01524

MANAGER: NICAS, STANLEY J. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR; TWO BARS AND LOUNGE, TWO LARGE DINING AREA, ONE KITCHEN AND ONE ROOM FOR STORAGE AND A PATIO AREA. SECOND CELLAR

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 060000005

CITY OR TOWN LEICESTER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: POTEEN INC.

DOING BUSINESS AS LEICESTER HILL COUNTRY CLUB TRUST

ADDRESS 1430 MAIN ST.

CITY/TOWN: LEICESTER

STATE: MA

ZIP CODE: 01524

MANAGER: ORRICO, CHERYL TYPE OF LICENSE: Restaurant  
L.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FLR CONSISTS OF ONE LOBBY, MAIN KITCHEN, BANQUET ROOM, LOUNGE, SMALLER KITCHEN, BAR AND LARGE DECK, ONE BOILER ROOM, TWO LADIES ROOMS, TWO MENS ROOMS AND ONE COAT ROOM. 2ND FLR; ONE LARGE BANQUET ROOM, ONE FUNCTION ROOM, ONE BAR AND THREE DECKS

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 060000007

CITY OR TOWN LEICESTER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LEICESTER SOCIAL CLUB INC.

DOING BUSINESS AS KNIGHTS OF COLUMBUS #4528

ADDRESS 91 MANNVILLE STREET

CITY/TOWN: LEICESTER

STATE: MA

ZIP CODE: 01524

MANAGER: VINCENT, JOSEPH TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR; KITCHEN, SERVICE BAR, STORAGE ROOM, TWO BATHROOMS, DINING HALL, FRONT ENTRANCE, TWO SIDE EXITS AND A KITCHEN ENTRANCE PLUS OUTDOOR GROVE AREA

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

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(If disapproved explain)

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By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 060000009

CITY OR TOWN LEICESTER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHANNON-DAVIS POST #205 AMERICAN LEGION INC.

DOING BUSINESS A

ADDRESS 171 RIVER ST.

CITY/TOWN: LEICESTER

STATE: MA

ZIP CODE: 01542

MANAGER: HAZZARD,

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

RAYMOND O. JR

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG,TWO BARS,ONE KITCHEN,TWO LOUNGES,TWO DINING AREAS,FRONT AND BACK DOWNSTAIRS (EXITS) SIDE AND BACK EXITS;2ND FLR

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 060000012

CITY OR TOWN LEICESTER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LEICESTER ROD & GUN CLUB INC.

DOING BUSINESS AS

ADDRESS 1015 WHITTEMORE ST.

CITY/TOWN: LEICESTER

STATE: MA

ZIP CODE: 01524

MANAGER: SMALL, ROBERT TYPE OF LICENSE: Club  
A.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE BAR AND LOUNGE, ONE KITCHEN ON FIRST FLOOR. ONE BAR AND DINING AREA ON  
SECOND FLR. EXT OF PREMISES VALID ONLY DURING APRIL THRU OCT 31. NO MORE  
THAN 500 PEOPLE AT ONE FUNCTION

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 060000014

CITY OR TOWN LEICESTER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JANS PACKAGE STORE,INC

DOING BUSINESS A JAN'S BEER MART

ADDRESS 385 MAIN ST

CITY/TOWN: LEICESTER

STATE: MA

ZIP CODE: 01611

MANAGER: CANANE,  
JEFFREY

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIVE ROOMS ON FIRST FLOOR FOR SALES AND STORAGE,TWO FRONT ENTRANCES FOR SALES,TWO SIDE DOORS AND DELIVERY,FULL CELLAR FOR STORAGE OR MERCHANDISE, WITH ONE REAR DOOR AND SIDE DOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 060000015

CITY OR TOWN LEICESTER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LEICESTER PACKAGE STORE, INC.

DOING BUSINESS AS LEICESTER PKG STORE

ADDRESS 869 MAIN ST

CITY/TOWN: LEICESTER

STATE: MA

ZIP CODE: 01524

MANAGER: CANANE,  
RONALD E.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, ONE ROOM FOR STORAGE AND ONE ROOM FOR SALES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 060000016

CITY OR TOWN LEICESTER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HARSHTJ,INC.

DOING BUSINESS AS LEROUX LIQUORS

ADDRESS 1044 MAIN ST

CITY/TOWN: LEICESTER

STATE: MA

ZIP CODE: 01524

MANAGER: PATEL,JYOTI

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG; FIRST FLOOR HAS TWO ROOMS, ONE FOR SALES AND ONE FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 060000018

CITY OR TOWN LEICESTER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHE CRYSTAL INC.

DOING BUSINESS AS BROOKSIDE LIQUORS

ADDRESS 875 PLEASANT ST

CITY/TOWN: LEICESTER

STATE: MA

ZIP CODE: 01542

MANAGER: PATEL, SHAILESH TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR; TWO ROOMS, ONE FOR SALES AND ONE FOR STORAGE. EXT OF PREM ON  
BACK OF EXISTING BLDG FOR SALES AND STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 060000021

CITY OR TOWN LEICESTER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: D.J. INC

DOING BUSINESS A FAMILY MINI MART

ADDRESS 508 STAFFORD STREET

CITY/TOWN: LEICESTER

STATE: MA

ZIP CODE: 01611

MANAGER: BLAIS, MARIA T.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DOORS LOCATED IN FRONT ON PARKING LOT/DOOR LOCATED IN REAR OF BUILDING.  
2,400 SQUARE FEET TOTAL. SHELVING AND COOLERS SET UP AS A CONVENIENCE  
STORE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 060000022

CITY OR TOWN LEICESTER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SMW BARBERS CROSSING, INC

DOING BUSINESS AS BARBERS CROSSING

ADDRESS 861 MAIN STREET

CITY/TOWN: LEICESTER

STATE: MA

ZIP CODE: 01524

MANAGER: WALLACE,  
PATRICIA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

NEW ENTRY TO BAR AREA FROM REAR OF RESTAURANT. FORMER EMERGENCY  
EXIT. NEW HANDICAP & MAIN ENTRANCE IN FRONT OF RESTAURANT FORMER  
EMERGENCY EXIT. EXISTING MAIN WILL BECOME EMERGENCY EXIT ONLY.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 060000029

CITY OR TOWN LEICESTER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: S.W. BARRETT'S ,INC.

DOING BUSINESS A NORTHEAST PIZZA

ADDRESS 1205 MAIN STREET

CITY/TOWN: LEICESTER

STATE: MA

ZIP CODE: 01524

MANAGER: BARRETT,  
STEVEN W.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 1700 SQ.FT.-4 ENTRANCES/EXITS - 2 IN FRONT, 2 IN REAR; 3 BATHROOMS- MEN AND WOMEN, UNISEX HANDICAP; KITCHEN, DINING ROOM, PREP AREA.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 060000030

CITY OR TOWN LEICESTER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JEFFERY H. & LUCY A. ELLER

DOING BUSINESS AS ELLER'S

ADDRESS 190 MAIN STREET

CITY/TOWN: LEICESTER

STATE: MA

ZIP CODE: 01611

MANAGER: JEFFERY & LUCY ELLER  
TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 4700 SQ FT...FOUR EXITS IN TWO IN DINING ROOMS...TWO IN KITCHEN...KITCHEN WITH EMPLOYEE RESTROOM, OFFICE, DRY STORAGE, LIQUOR STORAGE, WALK IN COOLERS...DINING ROOM WITH 2 ADA RESTROOMS, WAITING AREA, LOUNGE AND BAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 060000032

CITY OR TOWN LEICESTER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HILLTOP MANAGEMENT CC LLC

DOING BUSINESS AS HILLCREST COUNTRY CLUB

ADDRESS 325 PLEASANT STREET

CITY/TOWN: LEICESTER

STATE: MA

ZIP CODE: 01524

MANAGER: PAULAUSKAS,  
GERALD

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, BAR & LOUNGE, DINING RM., KITCHEN, LOCKER RM., STORAGE RM., 4  
ENTRANCE/EXITS. 9 HOLE GOLF COURSE WITH CLUBHOUSE AS DESCRIBED ABOVE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 060000033

CITY OR TOWN LEICESTER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LEICESTER FOOD AND BEVERAGE INC.

DOING BUSINESS AS CROSSROADS MARKET

ADDRESS 1060 MAIN ST

CITY/TOWN: LEICESTER

STATE: MA

ZIP CODE: 01524

MANAGER: SHUSTER,DMITRY TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTROOM IN BACK ONE EXIT AND ENTRANCE AT FRONT AND TWO OTHER EXITS ON  
LEFT SEDE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 060000034

CITY OR TOWN LEICESTER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: UNCLE JAY'S TWISTED FORK INC.

DOING BUSINESS AS UNCLE JAY'S TWISTED FORK

ADDRESS 509 STAFFORD STREET

CITY/TOWN: LEICESTER

STATE: MA

ZIP CODE: 01524

MANAGER: CATANZATRO,  
MARIO

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1800 SQ FT RESTAURANT- SINGLE ENTRY IN FRONT FOR CUSTOMERS; ENTRY IN BACK  
FOR EMPLOYEES-TWO RESTROOMS MALE/FEMALE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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*Alcoholic Beverages Control Commission*  
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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 060000035

CITY OR TOWN LEICESTER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STEPHANIE DREIK

DOING BUSINESS AS MICHAEL'S MART

ADDRESS 1141 STAFFORD STREET

CITY/TOWN: LEICESTER

STATE: MA

ZIP CODE: 01524

MANAGER: DREIK,  
STEPHANIE

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4021 & OR/ -SQ. FT. ,SET UP AS CONVENIENCE STORE, ONE FLOOR ,15x19 STORAGE ROOM,  
SINGLE EGRESS IN FRONT OFF PARKINGLOT, DELIVERY DOOR OUT BACK.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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